

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of New York

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Smooth Medical, P.C.

2. **All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 20-5785392

4. **Debtor's address**

Principal place of business

133 East 58th Street

Number Street

Suite 714

New York NY 10022

City State ZIP Code

New York County

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. **Debtor's website (URL)** _____

6. **Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

6211

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor Jack M. Berdy Relationship President and Controlli
District District of New Jersey When 1/14/2020
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____
City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Smooth Medical, P.C. Case number (if known) _____
Name

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

X /s/ Jack M. Berdy, M.D.

Signature of authorized representative of debtor

Jack M. Berdy, M.D.

Printed name

Title President

18. Signature of attorney

X /s/ Moshie Solomon

Signature of attorney for debtor

Date 01/14/2020

MM / DD / YYYY

Moshie Solomon

Printed name

Law Offices of Moshie Solomon, P.C.

Firm name

5 Penn Plaza 23rd Floor

Number Street

New York

City

NY

State

10001

ZIP Code

(212) 594-7070

Contact phone

msolomon@moshiesolomonlaw.com

Email address

4056081

Bar number

NY

State

CORPORATE RESOLUTION AUTHORIZING BANKRUPTCY RELIEF

SPECIAL MEETING OF BOARD OF DIRECTORS OF SMOOTH MEDICAL, P.C.

The undersigned, being the President of Smooth Medical, P.C. (the "Corporation"), certifies that the following resolutions were unanimously adopted at a special meeting of the Board of Directors of the Corporation on January 14, 2020.

Upon motion duly made and unanimously carried, it was,

RESOLVED that in the judgment of the Board of Directors it is desirable and in the best interests of this Corporation, its creditors, and other interested parties that a case be commenced under Chapter 7 of the Bankruptcy Code in the United States Bankruptcy Court on behalf of the Corporation, as promptly as possible; and it is

FURTHER RESOLVED that Law Offices of Moshie Solomon, P.C. be authorized and directed to perform all acts and do all things necessary and incident to commencing and prosecuting such a case to a successful completion; and it is

FURTHER RESOLVED that the officers of this Corporation are authorized to retain and employ as General Counsel for the successful completion of such case the law firm of Law Offices of Moshie Solomon, P.C., located at 5 Penn Plaza, 23rd Floor, New York, New York 10001.

There being no further business to come before the meeting, it was adjourned.

Dated: January 14, 2020

/s/ Jack M. Berdy

Jack M. Berdy, M.D.
President

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

In re:

SMOOTH MEDICAL, P.C.,

Chapter 7

Case No. _____()

Debtor.

-----X

CORPORATE OWNERSHIP STATEMENT

Pursuant to Federal Rule of Bankruptcy Procedure 1007(a)(1), the following are corporations, other than a governmental unit, that directly or indirectly own 10% or more of any class of Smooth Medical, P.C.'s equity interests:

NONE

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York (State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>20,874.37</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>20,874.37</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>94,103.86</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$ <u>26,811.35</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>556,611.46</u>
4. Total liabilities	\$ <u>677,526.67</u>
Lines 2 + 3a + 3b	

Fill in this information to identify the case:Debtor name Smooth Medical, P.C.United States Bankruptcy Court for the: Southern District of New York

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America	Checking	1 8 2 2	\$ 24.37
3.2. Chase Bank N.A.	Checking	6 6 0 6	\$ 0.00

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 24.37**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____11b. Over 90 days old: _____ - _____ = →
face amount doubtful or uncollectible accounts \$ _____**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ Valuation method Current value \$

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See Schedule A/B Part 7, Question 39 Attachment	\$		\$ 1,350.00
40. Office fixtures	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software	\$		\$
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 1,350.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1	\$		\$
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Schedule A/B Part 8, Question 50 Attachment			
	\$		\$ 19,500.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 19,500.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Lease of Office located at 133 E. 58th Street, Suite 714, New York, NY 10022	Lease	\$ _____	_____	Unknown \$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

0.00
\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

56. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 24.37	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 1,350.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 19,500.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 20,874.37	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 20,874.37		\$ 20,874.37

Item	Units	Approx. Value	Total
under desk misc draws	1	20	20
forms file	1	20	20
two 2 drawer file cabinets	1	30	30
standalone 6 drawer file	1	10	10
touchscreen all in one upright computer	1	150	150
two reception area chairs	1	50	50
all 5 in one printer fax scan	1	75	75
two lamps	1	50	50
round wall mirror	1	40	40
square wall mirror	1	40	40
rectangular wall mirror	1	40	40
glass round table	1	20	20
two white chairs	1	100	100
two clear chairs	1	50	50
mirror wall display	1	20	20
wall painting	1	20	20
supply storage 5 drawer unit	1	50	50
towel warmer	1	40	40
procedure 7 trays	7	50 each	350
cool sculpting	1	7500	7500
procedure 5 chairs	5	100 each	500
three piece wall art	1	20	20
square art deco mirror	1	40	40
unlthera	1	7000	7000
vein wave	1	1000	1000
zimmer cooler	1	300	300
cynosure affirm laser	1	1500	1500
metal bench	1	75	75
lucite bdar stool	1	50	50
microwave small oven	1	20	20
five rolling chairs	5	50 each	250
tool box with tools	1	150	150
crash cart	1	300	300
lighted magnifying procedure lens	1	50	50
hyfricator	1	400	400
all in one printer scan fax	1	75	75
two two drawer file cabinets	1	40	40
stainless locking fridge	1	100	100
white locking fridge	1	76	76
product storage cabinet	1	50	50
instruments stacking drawers	1	100	100
		19871	20771

Fill in this information to identify the case:Debtor name Smooth Medical, P.C.United States Bankruptcy Court for the: Southern District of New York

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**Column A**
Amount of claim
Do not deduct the value of collateral.**Column B**
Value of collateral that supports this claim**2.1 Creditor's name**
Financial Pacific Leasing**Describe debtor's property that is subject to a lien**Ulthera\$ 4,900.00\$ 7,000.00**Creditor's mailing address**PO Box 4568Federal Way, WA 98063**Creditor's email address, if known**
_____**Describe the lien**Agreement you made**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date debt was incurred _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
☐ Yes. Specify each creditor, including this creditor,

2.2 Creditor's name
Internal Revenue Service**Describe debtor's property that is subject to a lien**All Assets\$ 76,030.35\$ Unknown**Creditor's mailing address**P.O. Box 7346Philadelphia, PA 19101-7346**Creditor's email address, if known**
_____**Describe the lien**Statutory**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date debt was incurred 2017 and 2018**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 94,103.86

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
NYS Department of Taxation and Finance**Describe debtor's property that is subject to a lien**

All Assets

\$13,173.51

\$0.00

Creditor's mailing addressBankruptcy/Special Procedures Section
PO Box 5300, Albany, NY 12205-0300**Creditor's email address, if known****Date debt was incurred** 2017**Last 4 digits of account number****Describe the lien****Is the creditor an insider or related party?**

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☒
- No
-
- ☐
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

2. **Creditor's name****Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Is the creditor an insider or related party?**

- ☐
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☐
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Debtor

Smooth Medical, P.C.

Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
NYS Department of Taxation and Finance ATTN: Office of Counsel Building 9, W A Harriman Campus Albany, NY, 12227	Line 2. <u>3</u>	_____
United States Attorney's Office, SDNY Attn: Tax and Bankruptcy Unit 86 Chambers Street, Third Floor New York, NY, 10007	Line 2. <u>2</u>	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____

Fill in this information to identify the case:

Debtor Smooth Medical, P.C.
United States Bankruptcy Court for the: Southern District of New York
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

NYC Department of Finance
66 John Street, Room 104
New York, NY, 10038

Total claim**Priority amount**

As of the petition filing date, the claim is: \$ 21,207.64

\$ 21,207.64

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

NYS Department of Taxation and Finance
Bankruptcy/Special Procedures Section
PO Box 5300
Albany, NY, 12205-0300

As of the petition filing date, the claim is: \$ 5,603.71

\$ 5,603.71

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 133 E. 58th Street LLC 110 East 59th Street 34th Floor New York, NY, 10022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Office Rent Amount of claim: \$ 81,769.37
	Date or dates debt was incurred Last 4 digits of account number 7377	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Allergan USA, Inc. 12975 Collection Center Drive Chicago, IL, 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Amount of claim: \$ 101,932.84
	Date or dates debt was incurred 2019 Last 4 digits of account number 2686	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Ascentium Capital LLC PO Box 301593 Dallas, TX, 75303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Amount of claim: \$ 73,526.00
	Date or dates debt was incurred 2016 Last 4 digits of account number 7723	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Bausch Health US, LLC 400 Somerset Corporate Blvd. Bridgewater, NJ, 08807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Amount of claim: \$ 2,267.32
	Date or dates debt was incurred March 2019 Last 4 digits of account number 4922	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address CNA Financial Corporation 151 North Franklin Street Chicago, IL, 60606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Amount of claim: \$ 803.68
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Daniels SharpSmart Inc. 925 Conroy Pl. Easton, PA, 18040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Amount of claim: \$ 0.00
	Date or dates debt was incurred 2019 Last 4 digits of account number 8452	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

EBF Partners LLC dba Everest Business Funding
8200 NW 52nd Ter.
2nd Floor
Miami, FL, 33166

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 25,915.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁸ Nonpriority creditor's name and mailing address

Einstein Industries
6825 Flanders Dr
San Diego, CA, 92121

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 273.90

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁹ Nonpriority creditor's name and mailing address

Evolus, Inc.
520 Newport Center Drive
Suite 1200
Newport Beach, CA, 92660

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 22,838.40

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.¹⁰ Nonpriority creditor's name and mailing address

First Insurance Funding
450 Skokie Blvd.
Ste 1000
Northbrook, IL, 60062

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 806.90

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.¹¹ Nonpriority creditor's name and mailing address

Henry Schein
135 Duryea Road
Melville, NY, 11747

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,283.06

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

JPMorgan Chase Bank N.A.
PO Box 6185
Westerville, OH, 43086

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,743.17

Basis for the claim: Overdrawn Bank Account

Date or dates debt was incurred 2019

Last 4 digits of account number 6606

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹³ Nonpriority creditor's name and mailing address

McKesson Specialty Care Distribution
401 Mason Road

La Vergne, TN, 37086

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,306.37

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred 2019

Last 4 digits of account number 2028

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁴ Nonpriority creditor's name and mailing address

MERZ North America, Inc.
6501 Six Forks Road
Raleigh, NC, 27615

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 14,280.00

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁵ Nonpriority creditor's name and mailing address

On Deck Capital, Inc.
1400 Broadway
25th Floor
New York, NY, 10018

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 15,581.00

Basis for the claim: Monies Loaned / Advanced

Date or dates debt was incurred

Last 4 digits of account number 5834

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁶ Nonpriority creditor's name and mailing address

Perkowski & Associates
1011 Highway 71
Spring Lake, NJ, 07762

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,000.00

Basis for the claim: Services

Date or dates debt was incurred 2019

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

ProAssurance Companies
100 Brookwood Place
Birmingham, AL, 35209

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,975.00

Basis for the claim: Professional Liability Insurance

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 67403. ¹⁸ Nonpriority creditor's name and mailing address

Ready Refresh
PO Box 856192
Louisville, KY, 40285

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 61.57

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁹ Nonpriority creditor's name and mailing address

Shor Capital
83-32 Parsons Blvd
Jamaica, NY, 11432

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 189,824.00

Basis for the claim: Monies Loaned / Advanced

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 2019

Last 4 digits of account number _____

3. ²⁰ Nonpriority creditor's name and mailing address

Spectrum Enterprise
1900 Blue Crest Lane
San Antonio, TX, 78247

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 789.88

Basis for the claim: Cable / Satellite Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 2019Last 4 digits of account number 38013. ²¹ Nonpriority creditor's name and mailing address

Stage 2 Networks
70 West 40th Street
7th Floor
New York, NY, 10018

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 221.23

Basis for the claim: Telephone / Internet services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred 2019Last 4 digits of account number 0195

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.²² Nonpriority creditor's name and mailing address

Startec Mechanical
1524 E. 96th Street
Brooklyn, NY, 11236

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 570.19

Basis for the claim: Services

Date or dates debt was incurred

7/12/19

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.²³ Nonpriority creditor's name and mailing address

TrueAccord
1601 College Blvd.
Suite 130
Lenexa, KS, 66219

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,550.00

Basis for the claim: Services

Date or dates debt was incurred

Last 4 digits of account number

8768

Is the claim subject to offset?

- ☒ No
☐ Yes

3.²⁴ Nonpriority creditor's name and mailing address

Verizon
1095 Avenue of the Americas
New York, NY, 10036

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 292.58

Basis for the claim: Telephone / Internet services

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	133 E. 58th Street LLC c/o Jeremy B. Honig, Esq. Rivkin Radler LLP 477 Madison Avenue New York, NY, 10022	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.	AG Adjustments 740 Walt Whitman Road Melville, NY, 11747	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>6822</u>
4.3.	Allergan USA, Inc. 5 Giralda Farms Madison, NJ, 07940	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	
4.4.	Chase National Legal Processing 451 Florida Street, 3rd Floor Baton Rouge, LA, 70826	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	
4.1.	Everest Business Funding 5 West 37th Street Suite 1100 New York, NY, 10018	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	
4.5.	First Insurance Funding c/o Stuart-Lippman and Associates Inc. 5447 E. 5th Street, #110 Tucson, AZ, 85711	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	<u>8923</u>
4.6.	MERZ North America, Inc. c/o Meyers Saxon & Cole 3620 Quentin Road Brooklyn, NY, 11234	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	
4.7.	Nestle Waters North America, Inc. #216 6661 Dixie Hwy, Suite 4 Louisville, KY, 40258	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	
4.8.	NYS Department of Taxation and Finance ATTN: Office of Counsel Building 9, W A Harriman Campus Albany, NY, 12227	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 26,811.35
5b. Total claims from Part 2	5b. +	\$ 556,611.46
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 583,422.81

Fill in this information to identify the case:Debtor name Smooth Medical, P.C.United States Bankruptcy Court for the: Southern District of New YorkCase number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1****State what the contract or lease is for and the nature of the debtor's interest**

Lease for office located at 133 E. 58th Street, Suite 714, New York, NY 10022

State the term remaining

6 years

List the contract number of any government contract133 E. 58th Street LLC
110 East 59th Street
34th Floor
New York, NY, 10022**2.2****State what the contract or lease is for and the nature of the debtor's interest****State the term remaining****List the contract number of any government contract****2.3****State what the contract or lease is for and the nature of the debtor's interest****State the term remaining****List the contract number of any government contract****2.4****State what the contract or lease is for and the nature of the debtor's interest****State the term remaining****List the contract number of any government contract****2.5****State what the contract or lease is for and the nature of the debtor's interest****State the term remaining****List the contract number of any government contract**

Fill in this information to identify the case:Debtor name Smooth Medical, P.C.United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	On Deck Capital, Inc.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	McKesson Specialty Care	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	MERZ North America, Inc	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	Financial Pacific Leasing	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	EBF Partners LLC dba Ev	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Jack M. Berdy, M.D.	Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481	Shor Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

[illegible]

Fill in this information to identify the case:Debtor name Smooth Medical, P.C.United States Bankruptcy Court for the: Southern District of New York

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 01/01/2020 to Filing date
MM / DD / YYYY☐ Operating a business
☐ Other\$ 0.00**For prior year:**From 01/01/2019 to 12/31/2019
MM / DD / YYYY☒ Operating a business
☐ Other\$ 1,100,000.00**For the year before that:**From 01/01/2018 to 12/31/2018
MM / DD / YYYY☒ Operating a business
☐ Other\$ 1,339,093.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 01/01/2020 to Filing date
MM / DD / YYYY\$ 0.00**For prior year:**From 01/01/2019 to 12/31/2019
MM / DD / YYYY\$ 0.00**For the year before that:**From 01/01/2018 to 12/31/2018
MM / DD / YYYY\$ 0.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name	 	\$ 	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name	 	\$ 	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name	 	\$ 	
Relationship to debtor			
4.2. Insider's name	 	\$ 	
Relationship to debtor			

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Ascentium Capital LLC Creditor's name PO Box 301593 Dallas, TX 75303	Icon Laser System; Clear and Brilliant System	12/2019	\$ Unknown
5.2.	 Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
 Creditor's name			\$

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1.			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			
Case title		Court or agency's name and address	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.			
Case number			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
<div>Custodian's name</div>		\$
	Case title	Court name and address
		<div>Name</div>
	Case number	
	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <div>Recipient's name</div>			\$
<div>Recipient's relationship to debtor</div>			
9.2. <div>Recipient's name</div>			\$
<div>Recipient's relationship to debtor</div>			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		
			\$

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Law Offices of Moshie Solomon, P.C.	Bankruptcy Fee	12/2019	\$ 5,000.00
	Address 5 Penn Plaza 23rd Floor New York, NY 10001			
	Email or website address msolomon@moshiesolomonlaw.com			
	Who made the payment, if not debtor? Jack M. Berdy, M.D.			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____		_____	\$ _____
	Address _____			
	Email or website address _____			
	Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee _____			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Smooth Medical, P.C.</u> Facility name	Medicine (Aesthetics)	
133 E. 58th Street New York, NY 10022	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Storage Facility	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained. Health Care Records
- Does the debtor have a privacy policy about that information?
- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

Has the plan been terminated?

- ☐ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div>Name</div>	XXXX—	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$
18.2.	<div>Name</div>	XXXX—	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div>			<input type="checkbox"/> No <input type="checkbox"/> Yes
	<div>Address</div>		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Iron Mountain Storage</div> <div>Name</div>		Patient Files	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	<div>Address</div>		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
<div> <div></div> <div>Name</div> </div>			\$

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No
 ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<div> <div></div> <div>Case number</div> </div>	<div> <div></div> <div>Name</div> </div>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No
 ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<div> <div></div> <div>Name</div> </div>	<div> <div></div> <div>Name</div> </div>		<div> <div></div> </div>

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<div>Name</div>	<div>Name</div>		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>
Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. <div>Name</div>		<div>EIN: </div> <div>Dates business existed</div> <div>From To</div>

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26a.1.	<div>Jack M. Berdy, M.D.</div> <div>Name</div> <div>381 Monroe Avenue, Wyckoff, NJ 07481</div>	<div>From</div> <div>To</div>

	Name and address	Dates of service
26a.2.	<div></div> <div>Name</div>	<div>From</div> <div>To</div>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26b.1.	<div>Perkowski & Associates, LLC</div> <div>Name</div> <div>1011 Highway 71, Spring Lake, NJ 07762</div>	<div>From 01/01/2018</div> <div>To 01/09/2020</div>

	Name and address	Dates of service
26b.2.	<div></div> <div>Name</div>	<div>From</div> <div>To</div>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	<div>Jack M. Berdy, M.D.</div> <div>Name</div> <div>381 Monroe Avenue, Wyckoff NJ 07481</div>	

Name and address

If any books of account and records are unavailable, explain why

26c.2. _____
Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1. _____
Name

Name and address

26d.2. _____
Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

_____	_____	\$ _____
-------	-------	----------

Name and address of the person who has possession of inventory records

27.1. _____
Name

Name of the person who supervised the taking of the inventory		Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory	
			\$	

Name and address of the person who has possession of inventory records

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jack M. Berdy, M.D.	381 Monroe Avenue, Wyckoff, NJ 07481	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No
 ☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No
 ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Jack M. Berdy, M.D. Name 381 Monroe Avenue Wyckoff, NJ 07481	60,000.00		
Relationship to debtor			

Name and address of recipient

12,400.00

30.2 Alice C. Berdy
Name
381 Monroe Avenue
Wyckoff, NJ 07481

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

X

/s/ Jack M. Berdy, M.D.

Printed name Jack M. Berdy, M.D.

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Debtor Name Smooth Medical, P.C.

Case number (if known) _____

Continuation Sheet for Official Form 207

30) Payments, distributions, or withdrawals credited or given to insiders

Name and Address:

Sherry Berdy

242 Franklin Turnpike

Apt. A

Mahwah, NJ 07430

Amount of money or description: \$68,145.56

Dates: - , - , -

Reason:

Fill in this information to identify the case and this filing:

Debtor Name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

X /s/ Jack M. Berdy, M.D.
Signature of individual signing on behalf of debtor

Jack M. Berdy, M.D.

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court
Southern District of New York

In re: Smooth Medical, P.C.

Case No.

Chapter 7

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/14/2020

/s/ Jack M. Berdy, M.D.

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

133 E. 58th Street LLC c/o Jeremy B. Honig,
Rivkin Radler LLP
477 Madison Avenue
New York, NY 10022

133 E. 58th Street LLC
110 East 59th Street
34th Floor
New York, NY 10022

AG Adjustments
740 Walt Whitman Road
Melville, NY 11747

Allergan USA, Inc.
12975 Collection Center Drive
Chicago, IL 60693

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940

Ascentium Capital LLC
PO Box 301593
Dallas, TX 75303

Bausch Health US, LLC
400 Somerset Corporate Blvd.
Bridgewater, NJ 08807

Chase
National Legal Processing
451 Florida Street, 3rd Floor
Baton Rouge, LA 70826

CNA Financial Corporation
151 North Franklin Street
Chicago, IL 60606

Daniels Sharpsmart Inc.
925 Conroy Pl.
Easton, PA 18040

EBF Partners LLC dba Everest Business Funding
8200 NW 52nd Ter.
2nd Floor
Miami, FL 33166

Einstein Industries
6825 Flanders Dr
San Diego, CA 92121

Everest Business Funding
5 West 37th Street
Suite 1100
New York, NY 10018

Evolus, Inc.
520 Newport Center Drive
Suite 1200
Newport Beach, CA 92660

Financial Pacific Leasing
PO Box 4568
Federal Way, WA 98063

First Insurance Funding
450 Skokie Blvd.
Ste 1000
Northbrook, IL 60062

First Insurance Funding
c/o Stuart-Lippman and Associates Inc.
5447 E. 5th Street, #110
Tucson, AZ 85711

Henry Schein
135 Duryea Road
Melville, NY 11747

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Jack M. Berdy, M.D.
381 Monroe Avenue
Wyckoff, NJ 07481

JPMorgan Chase Bank N.A.
PO Box 6185
Westerville, OH 43086

McKesson Specialty Care Distribution
401 Mason Road
La Vergne, TN 37086

MERZ North America, Inc.
6501 Six Forks Road
Raleigh, NC 27615

MERZ North America, Inc.
c/o Meyers Saxon & Cole
3620 Quentin Road
Brooklyn, NY 11234

Stage 2 Networks
70 West 40th Street
7th Floor
New York, NY 10018

Nestle Waters North America, Inc.
6661 Dixie Hwy, Suite 4
Louisville, KY 40258

Startec Mechanical
1524 E. 96th Street
Brooklyn, NY 11236

NYC Department of Finance
66 John Street, Room 104
New York, NY 10038

TrueAccord
1601 College Blvd.
Suite 130
Lenexa, KS 66219

NYS Department of Taxation and Finance
Bankruptcy/Special Procedures Section
PO Box 5300
Albany, NY 12205-0300

United States Attorney's Office, SDNY
Attn: Tax and Bankruptcy Unit
86 Chambers Street, Third Floor
New York, NY 10007

NYS Department of Taxation and Finance
ATTN: Office of Counsel
Building 9, W A Harriman Campus
Albany, NY 12227

Verizon
1095 Avenue of the Americas
New York, NY 10036

On Deck Capital, Inc.
1400 Broadway
25th Floor
New York, NY 10018

Perkowski & Associates
1011 Highway 71
Spring Lake, NJ 07762

ProAssurance Companies
100 Brookwood Place
Birmingham, AL 35209

Ready Refresh
PO Box 856192
Louisville, KY 40285

Shor Capital
83-32 Parsons Blvd
Jamaica, NY 11432

Spectrum Enterprise
1900 Blue Crest Lane
San Antonio, TX 78247

United States Bankruptcy Court

Southern District of New York

In re Smooth Medical, P.C.

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 5,000.00
 Prior to the filing of this statement I have received. \$ 5,000.00
 Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____

The undersigned shall bill against the retainer at an hourly rate of \$ _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) Jack M. Berdy, M.D.

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

- a. Consultation and analysis throughout the representation;
- b. Preparation and filing of the Chapter 7 Petition; and
- c. Attendance at the first meeting of creditors under Bankruptcy Code § 341(a).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor(s) in any relief from stay actions or any adversary proceeding, and any matters not explicitly stated above.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/14/2020

/s/ Moshie Solomon, 018422001

Date

Signature of Attorney

Law Offices of Moshie Solomon, P.C.

Name of law firm

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